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COVID-19 Question and Answer Session for Long-Term Care and Congregate Residential Settings

February 19th, 2021

Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later

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Agenda

- Upcoming Webinars
- NHSN Update
- CMS Phases
- Investigating Vaccine Effectiveness in LTC
- Outbreak Scenarios
- IDPH Mobile Testing Team Update
- Testing Requirements
- Optimizing PPE
- Open Q & A

Slides and recording will be made available after the session.

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IDPH webinars

Upcoming Friday Brief Updates and Open Q&A
1:00 pm - 2:00 pm

Friday, February 26th	https://illinois.webex.com/illinois/onstage/g.php?MTID=edf8ca88f27f379f3108e3d8bf58a9a6d

Previously recorded webinars can be viewed on the IDPH Portal

Slides and recordings will be made available after the sessions.

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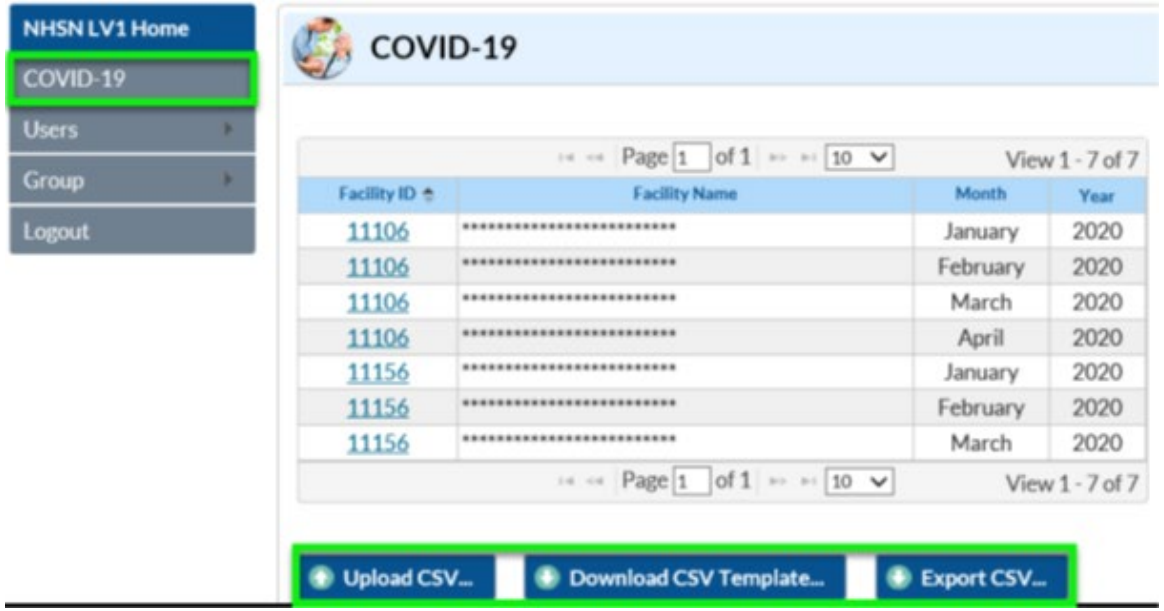
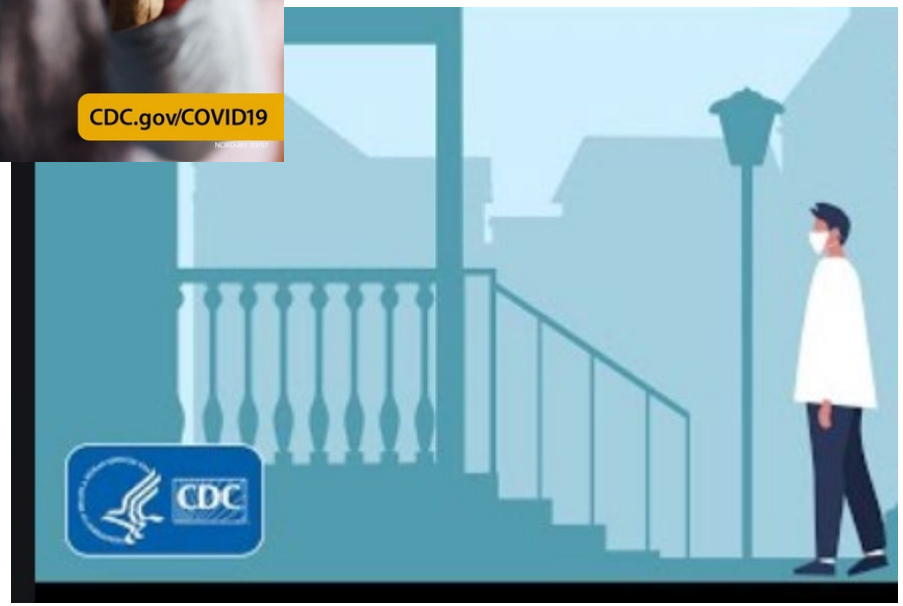
NHSN UPDATE

- NHSN has identified an issue that may prevent users from uploading COVID-19 Resident Capacity Data via .csv format. NHSN is working to resolve this issue.
- Users may have received error messages indicating that data may not have been saved. If so, please check to ensure entered data has populated:
  - For group facilities, click “OK” to clear the alert, then “Cancel” to exit the CSV Upload prompt (Top Screenshot). A list of facilities by month will be displayed. You can search the list of facilities by month and year to confirm if the data was uploaded despite receiving the previous alert (Lower Screenshot).
  - For facilities that are not part of an NHSN group, the calendar view of the COVID-19 module will automatically populate the days for uploaded data.



Illinois Phase 4 in effect Statewide

CMS Phases: Facility Level



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REOPENING CMS PHASES

CMS PHASE 1

Minimum of 14 days

CMS PHASE 2

Minimum of 14 days

CMS PHASE 3

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Slide: Karen Trimberger

IDPH Long Term Care Facilities Guidance

http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/long-term-care-guidance

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CMS Steps Through Phases

- Minimum of 14 days in a given phase
- No new nursing home onset of COVID-19 cases, prior to advancing to the next phase.
- A nursing home may be in different phases than its surrounding community based on the status of COVID-19 inside the facility
- The availability of key elements including, but not limited to PPE, testing, and staffing
- If a facility identifies a new, nursing home onset COVID-19 case in the facility while in any phase, that facility goes back to the highest level of mitigation, and starts over (even if the community is in phase 3)

IDPH Reopening Guidance, October 21, 2020
https://www.cms.gov/files/document/covid-nursing-home-reopening-recommendation-faqs.pdf

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Balancing Safety and Psychosocial Support

- Restrictions based on model that was efficacious for short term outbreaks
- CMS June 23 guidance, reinforced on September 17, 2020 CMS visitation guidance
- “Compassionate care situations does not exclusively refer to end-of-life situations
- Resident living with their family before recently being admitted to a nursing home, the change in their environment and sudden lack of family can be a traumatic experience.
- Allowing a visit from a family member in this situation would be consistent with the intent of the term “compassionate care situations.”
- Similarly, allowing someone to visit a resident whose friend or family member recently passed away, would also be consistent with the intent of these situations.”

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Centers for Disease Control and Prevention (CDC)

INVESTIGATING VACCINE EFFECTIVENESS IN SETTING OF A LONG-TERM CARE FACILITY COVID-19 OUTBREAK

WORKING TO ALLOW VACCINATED RESIDENTS MORE FREEDOM

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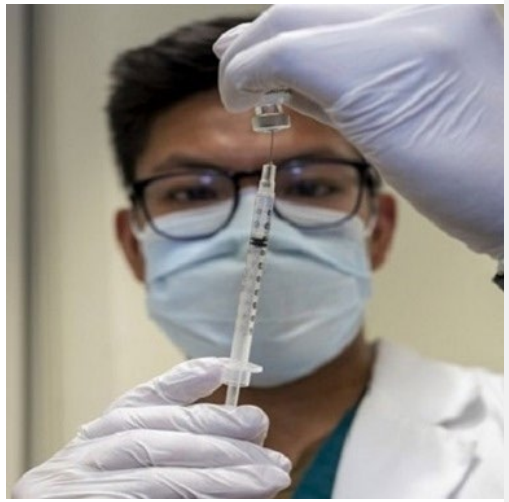
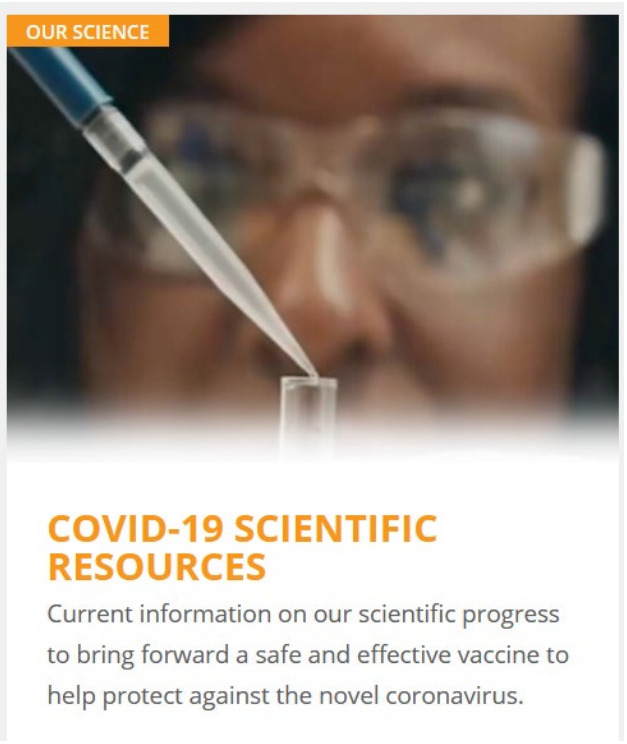
Efficacy vs. Effectiveness

- **Efficacy** refers to *the performance of an intervention under ideal and controlled circumstances*





- **Effectiveness** *refers to its performance under 'real-world' conditions*

Photos: CDC, Pfizer, Definition Source: NIHhttps://www.ncbi.nlm.nih.gov/pmc/articles/PMC3912314/

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CDC/Public Health COVID-19 Vaccine Effectiveness(VE) Analysis

- Deploy a team (either local or CDC-based) to conduct an onsite investigation of residents of a nursing home experiencing an active COVID-19 outbreak
- The facility should be willing and capable of following CDC-recommended testing practices for identifying asymptomatic infections
- The team will assist in collection of resident level data, staff vaccination coverage, and other information
- These data will be utilized in either a case-control or cohort design to assess vaccine effectiveness
- Certain studies may require the collection of patient specimens to assess vaccine impact on viral shedding.

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Optimal Characteristics of the Study Facility

- Resident population of the facility over 100 residents
  - > 150-200 residents preferred
- Rigorous serial testing (PCR preferred) of asymptomatic residents testing after initial case
- Known staff vaccination coverage preferred
  - Particularly interested in outbreaks at facilities with higher (>50%) levels of staff vaccination coverage due to modeling work indicating staff coverage is important for interruption of outbreaks

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Immunization Details for the Facility

- Ideal COVID-19 vaccination coverage for residents is 30-70%
  - At least 1 vaccination clinic completed greater than or at least 14 days prior to start of outbreak (onset of 1st case)
  - Ideal Vaccination Effectiveness estimation would likely be greater than 2 weeks following 2nd dose
  - Mix of residents receiving 1st and 2nd dose could be beneficial for comparing at different points in the dosing cycle

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CDC COVID-19 Analysis Eligibility

- If facility has 10 laboratory-confirmed COVID-19 cases among residents of a single facility within a 2-week period
  - Including 10 or more resident cases in the search criteria in case small outbreak turn into large ones

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Data Required for COVID-19 Vaccine Effectiveness Analysis

- Patient-level information Patient demographics
  - Test type (PCR strongly preferred)
  - Vaccination status, manufacturer, and date of vaccination(s)
  - Symptoms and onset date
  - Previous infection with COVID-19 (test results and dates)
  - Captured due to possibility this could be a residual virus positive
  - Information on staff case status and vaccination coverage data

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Interested in Participating?

- Possibly have support of a CDC Team with outbreak

- Contact DPH.LTCreopening@illinois.gov
  - Number of residents
  - Number of residents symptoms
  - Onset date
  - Number of positive tests

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Reminder: LTC COVID-19 Case Definitions

Facility-onset COVID-19 infection in a long-term care resident

- COVID-19 case that originated in the facility;
- Not a case where the facility admitted an individual from a hospital with known COVID-19 positive status, or an individual with unknown COVID-19 status who became COVID-19 positive within 14 days after admission.

Facility-associated case of COVID-19 infection in a staff member

- COVID-19 case in a staff member who worked at the facility for any length of time two calendar days before the onset of symptoms (for a symptomatic person) or two calendar days before the positive sample was obtained (for an asymptomatic person) until the day that the positive staff member was excluded from work.

https://www.dph.illinois.gov/sites/default/files/20201021_Revised_LTC_Reopening_Guidance.pdf

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Reminder: COVID-19 Outbreak Definitions

	CMS/CDC Definition for LTCF
Definition	One or more new facility-associated cases of COVID-19 infection in any healthcare personnel or nursing home-onset COVID-19 infections in residents.
Action Steps for the LTC Facility	• LHD notification • Outbreak testing • Infection control measures • Regression to CMS Phase 1 • Update LTC Reopening Attestation

Reminder: COVID-19 Outbreak Definitions

	CMS/CDC Definition for LTCF
Definition	One or more new facility-associated cases of COVID-19 infection in any healthcare personnel or nursing home-onset COVID-19 infections in residents.
Action Steps for the LTC Facility	• LHD notification • Outbreak testing • Infection control measures • Regression to CMS Phase 1 • Update LTC Reopening Attestation
Clarifications	• *LHD*: May want to be notified of more than just facility-associated/-onset cases so they can investigate further • *NHSN*: If staff was not at facility during the exposure window, they would not be reported under confirmed counts in NHSN

Reminder: COVID-19 Outbreak Definitions

	IDPH/INEDDS/ORS Definitions for Public Health
Definition	• One symptomatic laboratory-positive (antigen or PCR) COVID-19 case **or** one asymptomatic PCR-confirmed COVID-19 case **PLUS** others ill with similar symptoms (but have not been tested yet) **OR** • Two or more individuals who are laboratory-positive for SARS-CoV-2 by antigen or PCR testing **AND** • Have symptom onset or positive SARS-CoV-2 test (if asymptomatic) within 14 days of each other *Outbreak is over when no new cases have been identified for at least 28 days.*
Action Steps for the LHD	LHD enters outbreak into the Illinois Outbreak Reporting System (ORS). LHD closes ORS report when outbreak is over.

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Scenario 1

A skilled nursing facility conducts a SARS-CoV-2 test on a staff member upon returning to work after a week-long vacation. The test comes back positive. What are the next steps?

Exclude staff from work.

Notify local health department.

Do not need to report to NHSN aggregate counts, no phase regression, no outbreak testing -- unless found to be associated with other cases at facility.

*Steps same for other LTC facility types, except NHSN reporting does not apply.

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Scenario 2

A skilled nursing facility conducts weekly SARS-CoV-2 testing on staff. During weekly testing, a staff member's test comes back positive. They have been working during their exposure window.

What are the next steps?

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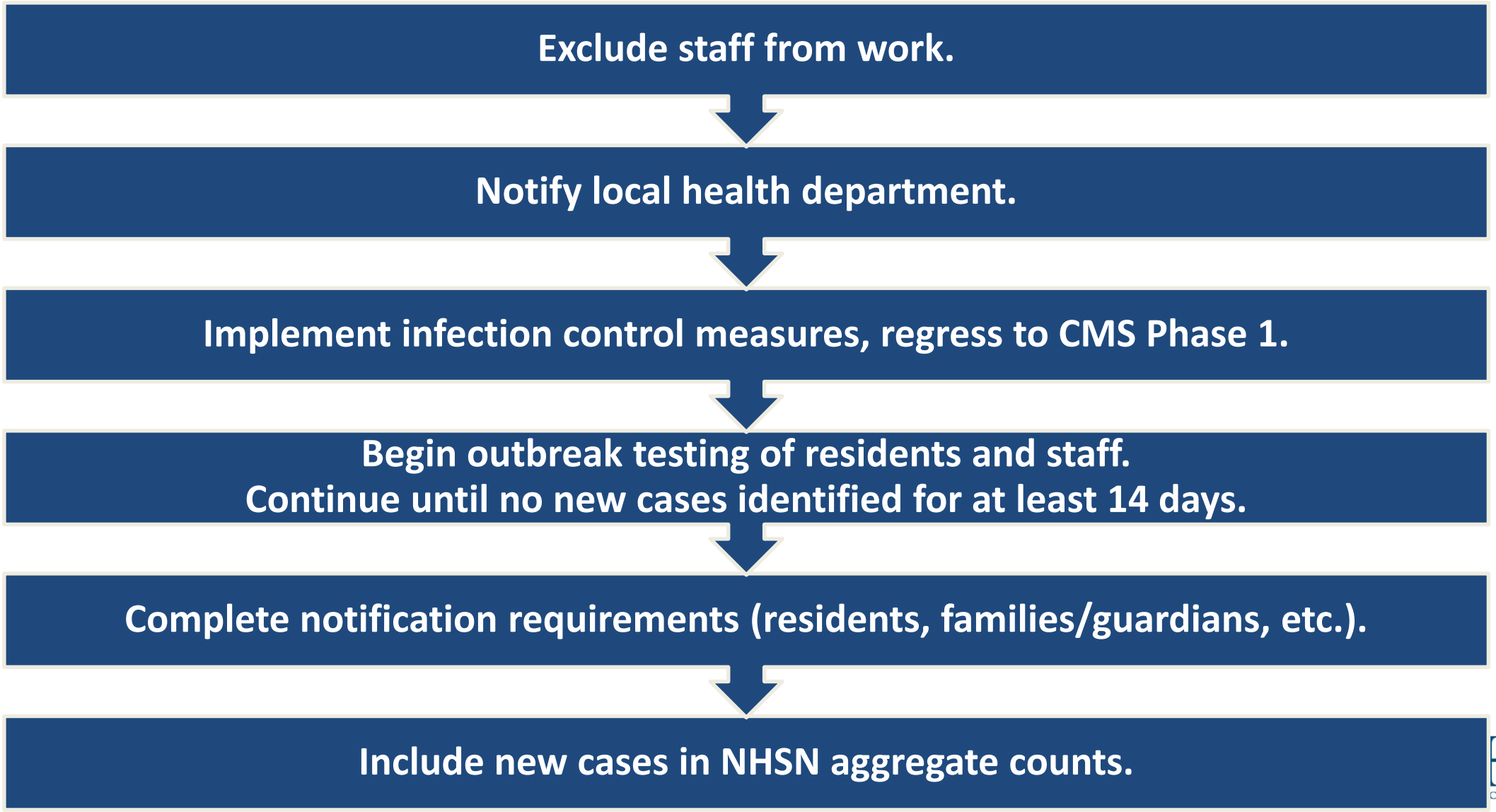
Scenario 2 (cont.)



Scenario 2 (cont.)

After no new cases for 14 days

Continue routine testing of staff per CMS/IDPH requirements.

May attest to next CMS Phase if other eligibility criteria met AND no tiered mitigation in place.

LHD: Closes ORS report once facility has had no new cases for at least 28 days.

*Steps same for other LTC facility types, except NHSN aggregate reporting does not apply.

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Scenario 2a

A skilled nursing facility conducts weekly **antigen** SARS-CoV-2 testing on staff. During weekly testing, a staff member's test comes back positive. They have been working during their exposure window.

What are the next steps?

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Scenario 2a (cont.)

Collect specimen for confirmatory testing (e.g., RT-PCR) within 48 hours.

Exclude staff from work.

Notify local health department.

Next steps depend on confirmatory results.

Refer to CDC antigen testing algorithm and consult with LHD as indicated.

- If positive, initiate outbreak steps as in previous scenario.
- If negative and no current outbreak/exposure to known case, do not need to initiate outbreak steps or regress to CMS Phase 1.
- If negative and current outbreak or close contact, continue outbreak testing.

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Reminder: Procedure for Advancing CMS Phases

1

A facility must

- satisfy all eligibility criteria
- spend ≥14 days in a given CMS phase with no new cases

2

Complete LTC attestation REDCap: https://redcap.link/LTCreopening

3

Notify LHD, LTC Ombudsmen, residents, families/guardians

4

Facility may advance. No further approval message will be sent unless LHD chooses to do so

From LTC Reopening Guidance: https://www.dph.illinois.gov/sites/default/files/20201021_Revised_LTC_Reopening_Guidance.pdf

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UPDATE: Discontinuation of IDPH LTC facility testing teams

- Effective March 1, 2021, facility testing teams will no longer be available for use at LTC facilities in outbreak status.

- This is due to declining use of this resource and the wider availability of private testing resources.

- IDPH will continue to accommodate requests for testing for facilities in outbreak status through end of February.

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Testing Requirements

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The Testing Plan

Includes:

- Initial testing of all residents and staff (“facility-wide baseline testing”).

- Testing of symptomatic or exposed individuals.

- Testing of all staff based on the county positivity rate reported in the past week (“routine testing”).

- Outbreak, a single facility-onset COVID-19 infection in a resident, or a single new case of facility-associated COVID-19 infection in a staff member, ***testing of all previously negative residents and staff occur.***
  - ***Repeated retesting*** continues, ***every 3 to 7 days***, until the testing identifies no new cases of COVID-19 infection among residents or staff ***for a period of at least 14 days***. *Thereafter, retesting of staff occurs at the minimum testing frequency required by CMS.*

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Routine Testing Intervals by Community Activity

- If the county positivity rate increases to a higher level of activity, the facility should begin testing staff at the frequency shown in the table as soon as the criteria for the higher activity are met.

- ***If the county positivity rate decreases*** to a lower level of activity, the facility should ***continue testing staff*** at the higher frequency level until the county positivity rate has remained at the lower activity level for ***at least two weeks before reducing testing frequency***

Community COVID-19 Activity	County Positivity Rate in the past week	Minimum Testing Frequency
Low	<5%	Once a month
Medium	5% -10%	Once a week*
High	>10%	Twice a week*

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Testing Prioritization of Staff & Residents

- Facilities are required to test residents and staff, including individuals providing services under arrangement and volunteers
- When prioritizing individuals to be tested, facilities should prioritize individuals with signs and symptoms of COVID-19 first, then perform testing triggered by an outbreak

Testing Trigger	Staff	Residents
Symptomatic individual identified	Staff with signs and symptoms must be tested	Residents with signs and symptoms must be tested
Outbreak (Any new case arises in facility)	Test all staff that previously tested negative until no new cases are identified*	Test all residents that previously tested negative untilno new cases are identified*
Routine testing	According to Table 2 below	Not recommended, unless the resident leaves the facility routinely.

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Optimizing Supply of Personal Protective Equipment (PPE)

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PPE Shortages

The increased need for PPE during the COVID-19 pandemic caused great PPE shortages, posing a tremendous challenge to the U.S. healthcare system!

Surge Capacity: The ability to manage a sudden increase in patient volume that would severely challenge or exceed the present capacity of a facility.

- Helps facilities plan and optimize the use of PPE in response to COVID-19 (decreased supply).

Emergency Use Authorization (EUA): products or measures authorized for use under an emergency declaration to facilitate availability to the public.

- The FDA issued EUAs to authorize use of respirators and other types of PPE in healthcare settings (i.e.,. expired, decontaminated)
- The CDC implemented measures for optimization (extended use, reuse, prioritization).

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Optimization Strategies

- CDC's optimization strategies for PPE offer a continuum of options for use when PPE supplies are stressed, running low, or exhausted.

- Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve PPE supplies along the continuum of care:

  - ***Conventional capacity***- measures and PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings.

  - ***Contingency capacity*****-** measures that may be used temporarily during periods of anticipated PPE shortages.

  - ***Crisis capacity***- strategies that are not commensurate with U.S. standards of care but may need to be considered during periods of known PPE shortages

- Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and **implemented sequentially**.

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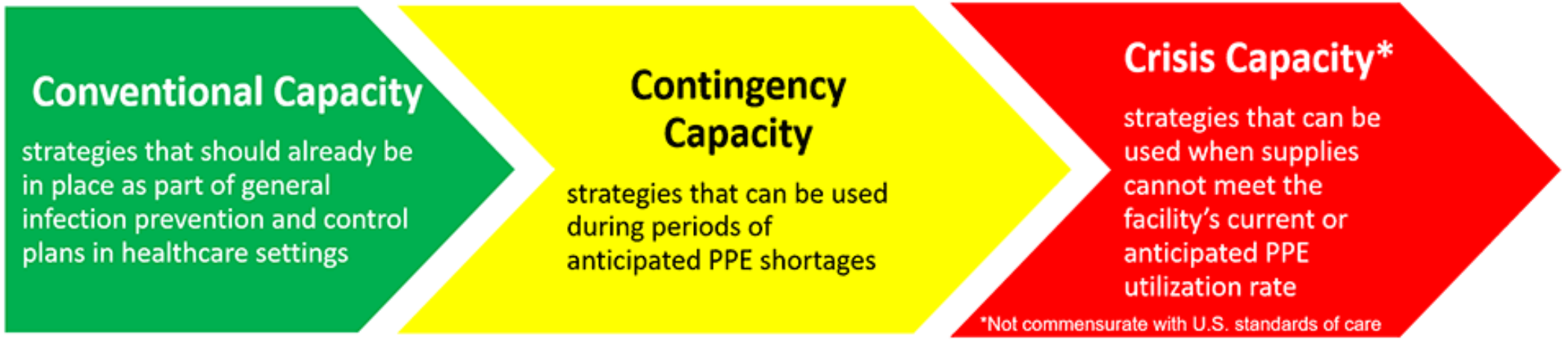
Optimization Strategies for PPE Supplies

Measures are meant to be **implemented sequentially**.



Once PPE availability *returns to normal*, promptly *resume to conventional* practices!

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Decisions for Implementation

- Decisions to implement contingency and crisis strategies are based on these assumptions:
    1) Facilities understand their current PPE inventory and supply chain
    2) Facilities understand their PPE utilization rate
    3) Facilities are in communication with local healthcare coalitions and federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) to identify additional supplies
    4) Facilities have already implemented conventional capacity measures
    5) Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care

- CDC has developed a Personal Protective Equipment (PPE) Burn Rate Calculator

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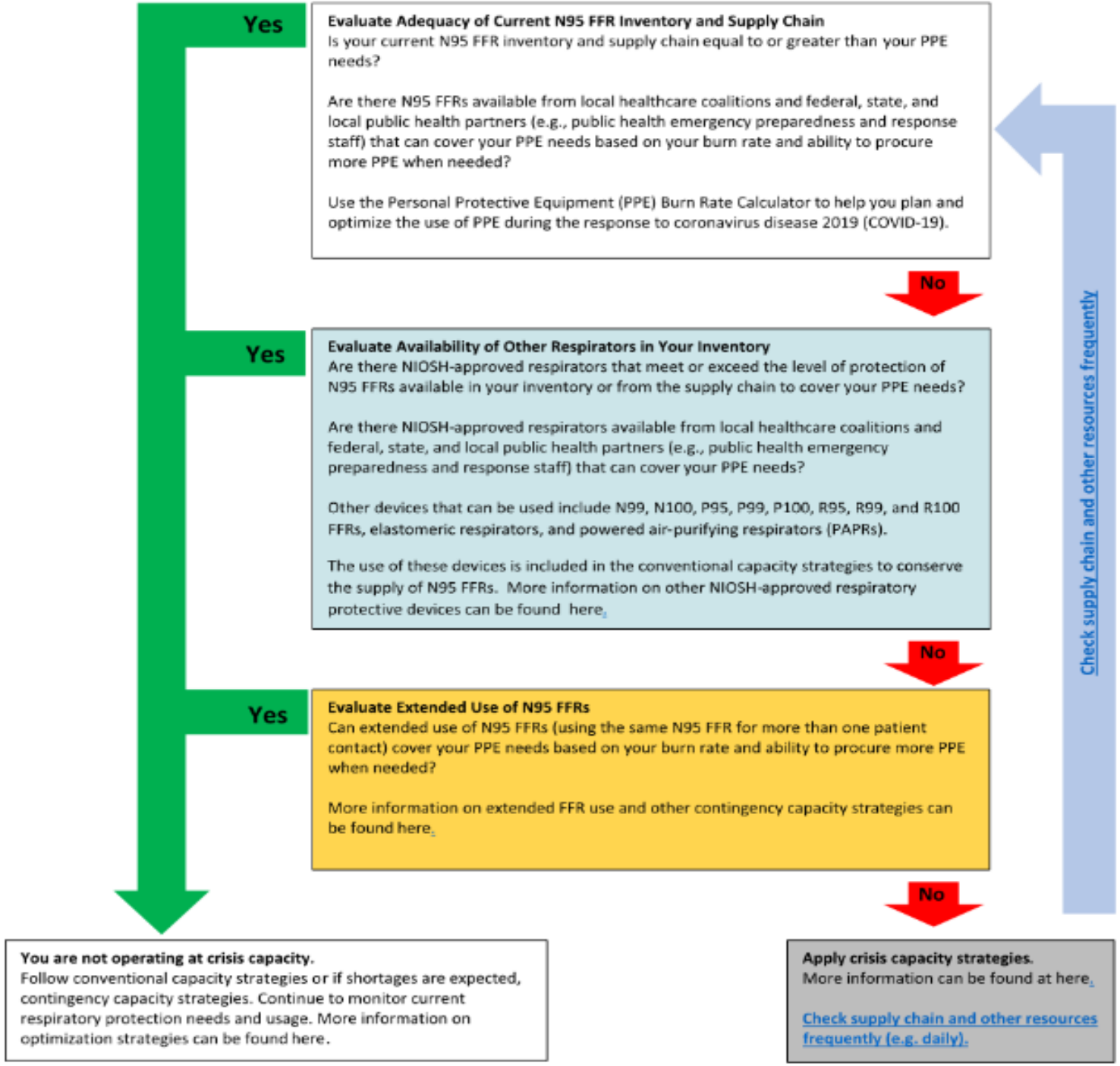

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Open Q&A

Submit questions via Q&A pod to **All Panelists**

Please do not resubmit a single question multiple times

Slides and recording will be made available after the session.

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Reminders

- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: http://www.dph.illinois.gov/siren

- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**